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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA  
SIXTH APPELLATE DISTRICT

T.N.,

Petitioner,

v.

THE SUPERIOR COURT OF SANTA  
CLARA COUNTY,

Respondent;

SANTA CLARA COUNTY DEPT. OF  
FAMILY & CHILDREN SERVICES,

Real Party in Interest.

H043931

(Santa Clara County

Super. Ct. No. JD22996)

T.N. (mother) has filed a writ petition seeking review of the juvenile court's order terminating reunification services and setting a hearing under Welfare and Institutions Code section 366.26.<sup>1</sup> (Cal. Rules of Court, rule 8.452.) Mother argues the juvenile court erred when it found she was provided with reasonable services, and the court's rulings were not supported by substantial evidence. We find the court's findings and orders were supported by substantial evidence and deny the writ petition. We also deny mother's request to stay the section 366.26 hearing set for December 15, 2016.

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<sup>1</sup>Unspecified statutory references are to the Welfare and Institutions Code.

## **BACKGROUND**

### *1. The Section 300 Petition and Initial Detention*

On October 8, 2014, the Yuba County Health and Human Services Department (Yuba Department) filed a petition under section 300, subdivision (b) alleging that D.S. (child, born 2009) was at a substantial risk of suffering from serious physical harm or illness.

Child had been found by law enforcement after mother began exhibiting signs of mental illness at a hotel. Mother had been hallucinating. She was hearing voices and believed the telephone poles and wires outside were moving. Mother had been previously diagnosed with schizophrenia and bipolar disorder and admitted she had not been taking her medication. She was placed on a hold under section 5150. The juvenile court concluded a prima facie showing had been made that child came within section 300, and child was detained.

### *2. The Jurisdiction Report and Transfer to Santa Clara County*

On October 22, 2014, the Yuba Department filed a jurisdiction report. The jurisdiction report summarized mother's history with child services and her mental health issues. Mother had been suffering from schizophrenia and bipolar disorder since before child's birth in 2009. She was not presently taking her medication.

Mother also had a history of substance abuse. She had started using methamphetamine when she was 16 or 18 years old. Although she had stopped using methamphetamine three years ago, she admitted she had recently relapsed. She tested positive for amphetamines and methamphetamines on October 7, 2014.

The social worker spoke with mother's father, L.D. (grandfather). Grandfather confirmed mother's history of mental illness and substance abuse. Grandfather had attempted to provide mother with a stable living environment, because mother did well in a structured setting. Grandfather believed mother did a good job while on medication but was sometimes influenced by the "wrong type of people," leading to drug and alcohol

abuse. According to grandfather, mother hallucinated and was at times verbally and physically abusive to child. Child's father, D.S. (father), had a history of domestic violence with mother. Grandfather explained that father sometimes manipulated mother. As a result, mother had allowed father to see child in violation of a restraining order.

Attached to the jurisdiction report was a copy of mother's discharge summary from North Valley Behavioral Health, where she had been placed on an involuntary hold. The report described mother as "guarded" but exhibiting "good efficacy for psychotropic medication." The report recommended mother have a "firm connection" with mental health services.

According to an addendum report dated November 20, 2014, mother had relocated to Santa Clara County and was requesting the case be transferred there for a dispositional hearing. The juvenile court sustained the petition under section 300, subdivision (b) and ordered the case transferred to Santa Clara County. The juvenile court in Santa Clara County accepted the transfer on December 16, 2014.

### *3. Disposition Report*

On January 14, 2015, the Santa Clara County Department of Family and Children Services (Department) filed a disposition report with the juvenile court. The report recommended mother participate in a parent orientation class, complete random drug testing, attend a parenting without violence class, complete a program of counseling or psychotherapy addressing issues of trauma, substance abuse, coping skills, domestic violence, and parenting, complete a 12-step program, complete a substance abuse assessment, complete an aftercare drug treatment program, develop an aftercare relapse prevention plan, participate in a domestic violence group, and complete a psychological evaluation.

Child was assessed and was found to have delays in understanding the alphabet and numbers. He was unable to spell or write his own name. He was placed with his maternal grandparents on December 12, 2014.

The court held a disposition hearing and ordered the recommended case plan. Child was removed from his parents' care, and reunification services were ordered for both parents.

#### 4. *Interim Review Hearing*

On March 18, 2015, the Department filed an interim review report with the juvenile court. By that time, mother had completed the parent orientation. She was also attending substance abuse counseling in a group setting and was having individual sessions once a month. Mother was presently attending a parenting without violence class. On January 30, 2015, the social worker had advised mother to talk to her drug treatment counselor about obtaining weekly therapy at "Family and Children Services." Mother later reported that her therapist had referred her to the mental health call center to sign up for individual counseling or psychotherapy sessions, but she had missed the window to sign up for individual counseling. She was completing random drug testing and had provided two tests with low creatinine levels that could indicate dilution. Mother had offered to do a hair follicle test, but the Department did not offer this type of testing. She was told to seek a medical evaluation to determine if there was a reason for her low creatinine levels. Mother had not started a domestic violence victim's support group, because the social worker did not want her to feel overwhelmed.

Dr. Robert Land had completed mother's psychological evaluation on February 20, 2015. Dr. Land diagnosed mother with posttraumatic stress disorder, schizophreniform disorder, methamphetamine abuse, alcohol abuse, spouse or partner violence, and child neglect. He opined that mother suffered from cognitive, psychological, and emotional difficulties. Dr. Land recommended that mother's treatment be evidence-based and oriented towards resolving her trauma. He further recommended mother work with a therapist with experience in auditory hallucinations.

On March 18, 2015, the juvenile court continued its prior orders and ordered mother to keep her appointments with her psychiatrist and to take her medications as prescribed.

#### *5. Six-Month Review Hearing*

The Department prepared a six-month status review report dated June 24, 2015. Mother had completed her parenting without violence class and outpatient drug treatment. In March 2015, the social worker had again provided mother with the phone number for the mental health call center, since mother had not yet begun therapy. Afterwards, mother reported she was attending individual counseling at Valley Health Center Mental Health at least once a month and was receiving counseling from Grace Community Center once a week.

Mother had provided several diluted drug tests. She explained she drank lots of water throughout the day. She was advised not to drink a lot of water before drug testing.

Although child had been referred for mental health screening, neither mother nor father had agreed to sign the consent form for the screening. Instead, the Department had signed the consent form. Child was diagnosed with an adjustment disorder with anxiety, and it was recommended that child participate in individual and family therapy.

Mother was attending visits with child. The visits were initially supervised by the grandparents. Per mother's request, the Department began supervising visits. During the visits, mother would easily give in to child and would give him bribes. The Department believed parent coaching with the child's therapist could be helpful to mother. Mother said she wanted to modify the restraining order against father so they could jointly visit child.

On July 23, 2015, the court conducted the six-month review hearing. Reunification services were continued for both parents. Both parents were also ordered to complete parent coaching sessions with the child's therapist. The court determined the Department had provided reasonable services.

## *6. The 12-Month Review Reports*

On November 18, 2015, the social worker who was newly assigned to the case, Indira Anupindi, requested a continuance, which the trial court granted.

In a status review report dated November 18, 2015, the Department recommended both parents continue to receive reunification services. Mother had expressed concerns that a new social worker had been assigned the case. Mother continued to have primarily negative blood tests with a few diluted tests. Mother had completed a medical evaluation, and there were no abnormalities shown that would explain the diluted tests.

Mother continued to regularly visit child. Father had begun overnight visits. Anupindi had concerns that mother did not understand child's needs.

Mother had reported to the previous social worker that she was getting individual counseling at Valley Health Center Mental Health. Mother signed consent forms so Anupindi could speak to her therapist. Anupindi attempted to contact the therapist several times but did not receive a response.

In an addendum report dated January 28, 2016, Anupindi provided some information she had received from mother's therapist. The therapist indicated mother was being seen once a month, and the issues being covered were mother's stability and employment. Anupindi had inquired whether mother could be seen more frequently in order to address her issues. The therapist responded that mother was at a voluntary clinic and clients were only seen once every three or four weeks. Based on this correspondence, Anupindi believed mother was not adequately addressing her issues as ordered by the court. Anupindi's report indicated she intended to meet with mother to give her a list of therapists.

On April 29, 2016, Anupindi prepared a status review report recommending termination of reunification services and the setting of a section 366.26 hearing. According to the report, child had exhibited some concerning behaviors. On multiple occasions, child was seen collecting pennies for his mother, because he believed his

mother did not have money. Since mother had started unsupervised visits, child had regressed in reading and writing. Child's caregivers reported that child often became quiet after the visits. He was also refusing to do homework or take directions. He had told his grandparents he was doing too many chores. Child had also been seen hitting his forehead with an open palm. Otherwise, child was thriving in his grandparents' care. Mother, however, reported the unsupervised visits were going well.

Anupindi reported she had given mother a list of therapists who are experts in domestic violence that would address the issues identified in the court-ordered case plan. As of the date of the report, Anupindi had not received an update from mother. Mother was seeing a psychiatrist at Valley Medical Center once a month for medication compliance. Mother had submitted negative drug and alcohol tests for the last 10 weeks. Mother was also attending a 12-step program.

In an interim review report dated July 22, 2016, Anupindi provided additional updates about the case. Child's therapist assessed that child's mental health issues stemmed from the inconsistencies in his life. Child received mixed messages from his parents and grandparents, which caused him anxiety.

Anupindi had increased mother's visits with child, including an eight-hour visit for Mother's Day. Mother often expressed frustration with the visits and frustration with the Department. For example, mother was unhappy when the Department refused to fund a hotel to facilitate a visit. After visits, child would display aggressive behavior. He would throw his toys on the floor and bang his forehead with his palm. He refused to do his chores. He also told grandmother he was supposed to call her by her first name.<sup>2</sup>

Both parents were living in separate transitional housing units, where child could not stay. Anupindi had attempted to meet with the parents to discuss their housing

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<sup>2</sup> The maternal grandmother is mother's stepmother, who has been married to the maternal grandfather for 27 years.

situations. Both parents consistently told Anupindi they were busy working and could not meet. Anupindi offered to meet with the parents before or after work, but mother told Anupindi she was busy.

Dr. Victor Chen provided an update on mother's medication compliance. Dr. Chen stated that it appeared that mother was taking her medication. Dr. Chen said that mother had been stable for quite some time, and her symptoms were controlled. As long as mother remained on her medication, Dr. Chen saw no reason why she could not parent a child.

Mother had begun seeing a new therapist and had completed nine sessions. Anupindi found the therapist's assessments to be suspect, because the assessment strongly advocated for mother, leading Anupindi to believe the therapist may have boundary issues. The therapist's assessment summarized that mother had initially expressed frustration, anger, and resistance. After therapy, mother was making progress and had gained insight into her past abuse. The therapist believed mother exhibited high self-efficacy and could acquire the communication skills necessary to be more successful.

Anupindi concluded that although mother completed the majority of her case plan, she lacked insight. Anupindi believed mother put her needs before child's needs. Mother questioned why child needed therapy and did not make time to meet with Anupindi to work toward reunification.

#### *7. The 12-Month/18-Month Review Hearing*

The contested 12-month/18-month review hearing was held on July 22, 2016. Due to delays in the process, the parties stipulated that the hearing would be considered an 18-month review. During the hearing, the court heard testimony from several witnesses.

##### **a. Indira Anupindi**

Anupindi, the social worker assigned to the case in September 2015, testified as an expert in risk assessment and the provision of reunification services. Anupindi explained that mother had been offered parenting classes, drug testing, individual counseling, and



substance abuse treatment. Mother was compliant and had finished all of the services except for individual therapy.

When Anupindi was assigned the case, mother had told her she was participating in therapy. Mother signed a release in October 2015 so Anupindi could contact her therapist. Anupindi attempted to contact the therapist several times but did not get information from the therapist until February 2016. The therapist told Anupindi that mother was attending therapy once a month and was focusing on job skills. Anupindi sent the therapist a list of issues that needed to be covered by mother's therapy, but the therapist responded that those issues were not covered. Anupindi did not send mother's psychological evaluation to the therapist. She did, however, determine that mother needed to see a different therapist.

Subsequently, Anupindi provided mother with a list of other possible therapists. The list Anupindi provided was a general list provided by the Department. The therapists were not verified as having experience working with individuals with auditory hallucinations, as recommended in the psychological evaluation.

Mother had also provided diluted drug testing samples. Anupindi had spoken with mother about the diluted tests. Mother had gotten tested by her doctor to see if there was a medical explanation for the diluted results. Mother's medical tests had come back normal. Mother had been consistently testing negative since February 2016. Mother had asked Anupindi to contact her transitional housing unit, because she was testing normal there. Anupindi met with the manager of the transitional housing unit, who told Anupindi that mother had been testing normal. Anupindi expressed concerns about mother continuing to provide diluted tests.

Both parents were upset that Anupindi was the third social worker assigned to the case. Mother would sometimes become verbally aggressive. Mother was not aggressive toward child during the supervised visits. After unsupervised visits with mother, child would become aggressive.

Anupindi believed mother lacked insight and was focused more on herself than on child. During a family team meeting with child's therapist and grandparents, concerns were raised about child's aggressive and noncompliant behavior after visits. Mother was in denial that any of these problems were occurring and consistently maintained the problems arose only when child was with his grandparents. At the end of the meeting, it was decided that child should be provided with more services. Mother was not open to therapy for child and did not realize the importance of therapy for child's wellbeing.

Mother had previously asked Anupindi if she could be there for child's swim lessons. Anupindi had consulted child's grandparents. Anupindi explained she had deferred to the grandparents, because they are the ones who observe child's behavior. Anupindi reiterated that consistency was important to child. Based on the grandparents' recommendation, Anupindi told mother she could not attend child's swim lessons.

Anupindi was also concerned about the domestic violence between mother and father. She believed there was still friction between them.

Both parents still lived in a transitional housing program. Anupindi had not had the opportunity to speak with the parents about the Department's ability to assist them with housing. Mother had cancelled an earlier appointment, and neither parent had presented Anupindi with a plan for where they would live if child was returned to their custody.

Anupindi opined that child needed stability in his life. Child was doing well under the grandparents' care. The grandparents provided child with structure and made sure his schedule was followed. Returning child to his parents would cause child confusion and could lead to problems in child's future.

#### **b. Mother**

Mother was not presently living with father. Mother and father had been together off and on for several years, beginning in 2004. Mother acknowledged there was a history of domestic violence between herself and father.

Mother understood why child was initially detained. At the time, mother had run out of her medication. She was also under the influence of methamphetamine. Mother identified herself as an addict and acknowledged her substance abuse and the history of domestic violence with father had impacted child. She also acknowledged the impact of domestic violence on child by explaining that it was not a “normal situation for people to be under the influence.” She explained she knew it was “illegal” to be under the influence, but reiterated she did not hurt child physically. She did not believe stopping her medication put child at a risk of physical or emotional harm. At most, she believed she may become somewhat distracted while off her medication, rendering it difficult for her to comprehend “a little bit of [child’s] needs.” As long as mother was on her medication, she functioned well socially. Mother sometimes heard voices, but only when she was not on medication. Mother had been on medication for approximately four or five years.

Mother could not remember when Anupindi told her she needed to find a new therapist. She also could not recall how Anupindi helped her find a new therapist. She believed Anupindi may have given her a list. Mother had since completed 12 sessions of therapy.

Mother was trying to find housing outside the transitional housing unit. She was working two different jobs. Mother had asked Anupindi for help with housing, but Anupindi did not provide her with assistance. Mother had contacted Anupindi in the past, and she did not find Anupindi to be responsive. Sometimes Anupindi would take a few days to get back to mother.

Mother’s plan was to coparent child with father. If domestic violence became an issue again, she would leave father. She believed she would remain stable so long as she took her medication and stayed sober. If child was returned to her custody, she believed he needed to participate in ongoing therapy. Mother was willing to facilitate child’s participation in therapy.

**c. Father**

Father admitted he had committed acts of domestic violence against mother in the past. He acknowledged the domestic violence may have impacted child. Father had several overnight visits with child and mother. Father believed the visits went well. Father wanted to coparent child with mother. Father knew that mother had had mental health problems, but he had not been involved in her mental health treatment. Father did not believe mother's mental health issues impacted her ability to take care of child.

Father was not asking for child to be returned to his care, because he did not believe he was presently in a position to take care of him full time. Father believed the grandparents were providing him with good care.

**d. Grandfather**

Grandfather was one of child's caretakers. He was providing child with a structured schedule. Child would get upset when visits were cancelled, because he looked forward to a consistent schedule. Child had some mental health and behavioral issues. He would sometimes get angry and defiant. With therapy, child appeared to be improving.

Grandfather had been involved with mother's mental health treatment. When mother lived with grandfather, he made sure she was taking her medication. Sometimes mother would become neglectful with her medication. She would sometimes fail to refill a prescription or lose a prescription when moving. In grandfather's experience, when mother stops taking her medication she quickly exhibits signs of mental illness.

**8. *The Court's Decision***

After hearing argument from counsel, the court rendered its decision. The court noted that Anupindi appeared overwhelmed and was not fully prepared to testify. Nonetheless, the court found her to be honest and credible.

Noting that both parents had worked hard to address the problems that brought child within the court's jurisdiction, the court nonetheless determined that returning child

to his parents would be detrimental to child. Based on the testimony presented during the hearing, the court determined both parents lacked insight into how mother's substance abuse, mental health issues, and history of domestic violence damaged child and placed child at risk.

The court then determined the Department had provided mother with reasonable services. The court noted mother's therapists had not been provided with a copy of mother's psychological evaluation. After reviewing the assessment provided by mother's most recent therapist, the court believed mother was not prejudiced, because the therapist was familiar with mother's diagnosed mental health issues and the issues identified in the psychological evaluation were already being incorporated into mother's treatment. Additionally, mother's previous therapist was only addressing mother's employment stability. Therefore, the court was unable to determine what negative impact the lack of access to a psychological report could have had. Subsequently, the court terminated reunification services and set a section 366.26 hearing for December 15, 2016.

### **DISCUSSION**

Mother argues the court erred when it found the services provided by the Department were reasonable. She also argues the court's findings were not supported by substantial evidence.

#### *1. Reasonableness of Services*

Primarily, mother argues the Department did not provide her with reasonable services, because it did not provide her with sufficient assistance in finding a therapist that could address the issues raised in her case plan. She also argues the Department claimed she lacked insight but did not allow her to attend child's therapy appointments, which may have given her greater insight into child's needs.

"The adequacy of reunification plans and the reasonableness of the [Department's] efforts are judged according to the circumstances of each case." (*Robin V. v. Superior Court* (1995) 33 Cal.App.4th 1158, 1164 (*Robin V.*)) "[T]he record should show that the

supervising agency identified the problems leading to the loss of custody, offered services designed to remedy those problems, maintained *reasonable* contact with the parents during the course of the service plan, and made *reasonable* efforts to assist the parents in areas where compliance proved difficult . . . .” (*In re Riva M.* (1991) 235 Cal.App.3d 403, 414 (*Riva M.*).

The juvenile court held a hearing at a combined 12 and 18-month review hearing.<sup>3</sup> At the six and 12-month review hearing, the Department must prove it provided reasonable services with clear and convincing evidence. (§ 366.21, subd. (g)(1) & (2); *In re Monica C.* (1995) 31 Cal.App.4th 296, 306.) Appellate courts have held that at an 18-month review hearing, reasonable services must be proved by the less onerous preponderance of the evidence standard. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 595.) Here, however, the parties stipulated to using a clear and convincing burden of proof.

“When the sufficiency of the evidence to support a finding or order is challenged on appeal, even where the standard of proof in the trial court is clear and convincing evidence, the reviewing court must determine if there is any substantial evidence—that is, evidence which is reasonable, credible and of solid value—to support the conclusion of the trier of fact.” (*In re Jasmine C.* (1999) 70 Cal.App.4th 71, 75.) When reviewing the sufficiency of the evidence, we bear in mind this heightened burden of proof. (*In re Kristin H.* (1996) 46 Cal.App.4th 1635, 1654.) Therefore, “ ‘evidence must be so clear as to leave no substantial doubt. It must be sufficiently strong to command the unhesitating

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<sup>3</sup> “The 18-month hearing represents a critical juncture in dependency proceedings.” (*Mark N. v. Superior Court* (1998) 60 Cal.App.4th 996, 1015.) In enacting section 366.22, subdivision (a), the Legislature provided that “[t]he minor must either be returned to the physical custody of his or her parent or the court must terminate reunification services and set a hearing for the selection and implementation of a permanent plan.” (*Mark N. v. Superior Court*, *supra*, at p. 1015.)

assent of every reasonable mind.’ ” (*In re Monica C.*, *supra*, 31 Cal.App.4th at p. 306.)

“We review the evidence most favorably to the prevailing party and indulge in all legitimate and reasonable inferences to uphold the court’s ruling.” (*Kevin R. v. Superior Court* (2010) 191 Cal.App.4th 676, 691.)

Mother argues the Department failed to act upon the recommendations of Dr. Land, the psychologist who prepared mother’s psychological evaluation. Mother opines the Department had the psychological evaluation in its possession since February 2015. Mother claims that Anupindi, the social worker assigned to the case, knew mother had a therapist but did not contact the therapist until she began preparing the status review report in January 2016. At that point, Anupindi determined mother’s therapist was inadequate and advised mother to find a new therapist. Anupindi, however, did not assist mother with finding a therapist aside from providing her with a standard list provided by the Department. When providing the list, Anupindi failed to ascertain whether any of the therapists had experience working with individuals with auditory hallucinations, as recommended by mother’s psychological evaluation. Mother opines it is unclear whether mother’s new therapist, who she found without the assistance of the social worker, was addressing the issues raised in Dr. Land’s psychological evaluation.

Mother relies on *Amanda H. v. Superior Court* (2008) 166 Cal.App.4th 1340. In *Amanda H.*, the social worker initially told the mother the services she was enrolled in were adequate. It was not until just before the 12-month review hearing that the social worker notified the mother that she had failed to enroll in a separate domestic violence course. (*Id.* at p. 1346.) The social worker then recommended that the mother’s reunification services be terminated, largely because the mother had failed to enroll in this separate course. (*Ibid.*) Based on these facts, the court determined the social worker failed to put a good faith effort toward implementing a reunification plan and hindered the mother’s ability to address the problems that led to her children’s detention. (*Id.* at p. 1347.) The court noted that although it was the mother’s responsibility to attend

programs and address her issues, “it was the social worker’s job to maintain adequate contact with the service providers and accurately inform the juvenile court and mother of the sufficiency of the enrolled programs to meet the case plan’s requirements.” (*Ibid.*)

*Amanda H.*, however, is distinguishable. Unlike in *Amanda H.*, here the social workers assigned to mother’s case maintained reasonable contact with mother and made reasonable efforts to ensure her compliance with the case plan. (*Riva M., supra*, 235 Cal.App.3d at p. 414.)

First, mother argues the Department had the responsibility to either find her a therapist that would address the issues raised in the case plan or designate someone to find an appropriate therapist. Although the Department did not provide as much assistance in finding therapy as mother opines it should have, there is sufficient evidence it made reasonable efforts to help mother with finding a therapist. Mother was informed early on that her case plan included therapy. In January 2015, shortly after the case plan was ordered, the social worker advised mother to ask her drug treatment counselor about obtaining weekly therapy at Family and Children Services. In a status review report prepared for the six-month review hearing, the social worker reported that mother had not yet started therapy. Once the social worker assigned to the case realized mother had not started therapy, she provided mother with the phone number for the mental health call center in March 2015. Mother did not ask for further assistance with this component of the case plan. It is well-established that “ ‘reunification services are voluntary, and cannot be forced on an unwilling or indifferent parent.’ ” (*In re Christina L.* (1992) 3 Cal.App.4th 404, 414.)

Eventually, mother found a therapist, but this therapist failed to address the issues that were raised in her case plan. Mother faults the Department for failing to discover the deficiencies in mother’s therapy earlier; however, there is evidence the Department attempted to get in touch with mother’s therapist in order to ascertain mother’s progress. In her status review report prepared in November 2015, Anupindi described that she had



attempted to get in touch with mother's therapist, but had not received a response. When she finally received a response in January 2016, Anupindi provided an updated report expressing her conclusion that mother needed to seek a new therapist and asserted she was going to provide mother with a list of new therapists. In the status review report prepared in April 2016, Anupindi indicated she had provided mother with a list of therapists, but had not heard any updates from mother. In sum, once the Department became aware of the deficiencies with mother's therapy, it informed mother of the need to find a new therapist and provided her with tools to find one.

Mother argues the Department did not provide reasonable services, because it failed to provide her therapists with copies of the psychological evaluation prepared by Dr. Land. This issue was specifically addressed by the court during the hearing. The court, however, determined that mother was not prejudiced, because the report provided by her current therapist confirmed that the therapist was addressing the issues raised in her psychological evaluation. Based on the current therapist's report, which summarized mother's therapy progress, we find substantial evidence supports the trial court's finding. Mother's therapist specifically stated that she was able to explore the "trauma, substance abuse, coping skills, domestic violence, and parenting" issues outlined in mother's case plan after building a rapport with mother.

"It has been stated, 'In almost all cases it will be true that more services could have been provided more frequently and that the services provided were imperfect. The standard is not whether the services . . . were the best that might be provided in an ideal world, but whether the services were reasonable under the circumstances.' " (*Robin V.*, *supra*, 33 Cal.App.4th at p. 1166.) In mother's case, although the Department may have been able to provide additional resources to assist mother with finding a therapist, the services that were provided were reasonable.

Mother also vaguely claims the Department failed to show reasonable efforts in "services in other areas." She points to the Department's assessment that mother lacked

insight, which she argues is the result of the Department's failure to allow mother to attend child's medical appointments, more than a few tutoring sessions, and swim lessons. She also argues the Department failed to make arrangements so she could be with child during therapy appointments, which would have allowed her to gain greater insight into child's needs.

Although mother was not permitted to go with child to his therapy appointments or to swim lessons, the record reflects the Department made efforts to facilitate visits between mother and child. Mother's request to attend child's swim lessons were denied not because the social worker wanted to deprive mother of an opportunity to gain insight, but because the social worker wanted to provide child with stability and consistency. Additionally, mother had begun having unsupervised visits with child and had participated in a family team meeting with child's therapist during which child's behavioral problems were discussed. Mother, however, was not open to therapy for child and did not realize the importance of therapy for child's wellbeing.

Based on the foregoing, we find substantial evidence supported the juvenile court's order finding mother was provided reasonable reunification services.

## *2. Sufficiency of Evidence to Support Findings*

Lastly, mother claims that substantial evidence does not support the juvenile court's finding that she lacked insight.<sup>4</sup> Based on the record, we must reject this claim.

During the hearing, Anupindi, the social worker, testified she did not believe mother had insight into child's needs, because she believed mother placed herself first. For example, although mother said during the hearing that she supported child's therapy, mother had previously questioned why child needed therapy at all. Mother herself also

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<sup>4</sup> Mother also claims that substantial evidence did not support the juvenile court's finding that she received reasonable services and the Department's failure to provide her therapist with the psychological report did not prejudice her. Since we have already addressed these issues, we need not address them again.

testified at trial. During her testimony, mother was asked whether her mental health or substance abuse had impacted child. Mother said that she believed her issues had affected child, but she minimized the impact of her problems on child when she stated that she believed her mental health issues simply made her more distracted when it came to child's care. For example, she testified she did not believe stopping her medication would put child at a risk of physical or emotional harm.

We must defer to the trial court's findings and cannot resolve any conflicts or reweigh the evidence. (*In re Jasmine C.*, *supra*, 70 Cal.App.4th at p. 75.) Based on the record, substantial evidence supports the trial court's determination that mother lacked insight and minimized the reasons for the court's intervention.

#### **DISPOSITION**

The petition and request for stay are denied.

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Premo, J.

WE CONCUR:

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Rushing, P.J.

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Elia, J.